



# FY 2008 Flex Grant



## APPLICATION GUIDANCE

Release Date: August 22, 2008

Application Deadline:  
**October 17, 2008 at 5:00 PM Mountain Time**

STATE OFFICE OF RURAL HEALTH AND PRIMARY CARE

### Submit applications to:

Idaho State Office of Rural Health and Primary Care  
450 W. State Street- 4<sup>th</sup> floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
Email: ruralhealth@dhw.idaho.gov

Applications must be received by 5:00 PM Mountain Time on Friday, October 17, 2008. Late applications will not be reviewed. Applications may be submitted via post, delivery, or email.

***ORGANIZATIONS RECEIVING THIS FLEX GRANT IN FY 07 (PERIOD ENDING 8/31/08) ARE NOT ELIGIBLE TO APPLY THIS FUNDING CYCLE. GRANTEES ARE NOT ELIGIBLE TO RECEIVE THIS FUNDING IN TWO CONSECUTIVE GRANT CYCLES.***

## TABLE OF CONTENTS

I.	Purpose of the Flex Grant	3
II.	Eligibility Information	
	A. Eligible Lead Applicant	3
	B. Partnership Requirement	3
	C. Eligible Activities	4
	D. Bonus Points for Priority Activities	4
III.	Grant Specifics	
	A. Requirements	4
	B. Amount of Awards	5
	C. Duration of Funding	5
	D. Timeline	5
	E. Award Process	5
IV.	Application and Submission Information	
	A. Application Format Requirements	6
	B. Components of an Application	6
	C. Specific Application Instructions	6
	D. Submission Requirements	9
V.	Application Evaluation and Award Criteria	9
VI.	Application Face Page	11

## I. PURPOSE OF THE GRANT PROGRAM

The Medicare Rural Hospital Flexibility Program was established by the Balanced Budget Act of 1997 (Public Law 105-33). Its intent is to allow rural communities to preserve access to primary care and emergency healthcare services, provide healthcare services that meet community needs, and help assure the financial viability of program participants through improved reimbursement and different operating requirements.

The goals of Idaho's Medicare Rural Hospital Flexibility Program are to:

1. Designate Critical Access Hospitals (CAH).
2. Support and sustain Critical Access Hospitals to improve access to healthcare services.
3. Foster the development of rural health networks to strengthen infrastructure and increase efficiency.
4. Improve and integrate EMS into the continuum of rural healthcare services.
5. Improve the quality of healthcare.

The State Office of Rural Health and Primary Care receives federal funds to support CAH designation, hospital performance and quality improvement, network development and health system integration efforts, and EMS system improvements in CAH areas.

The premise of the Idaho Flex Grant, described in this application guidance, is that grant support can assist rural healthcare providers and rural communities to respond in a comprehensive, collaborative, and more effective manner, to changes affecting the rural health system and rural communities. With support, local and regional partners that work together will increase their ability to assess their environments and community needs, and plan and implement strategic responses to improve rural healthcare delivery. Grants made available through this program support activities from planning through implementation, and must support Flex program goals.

## II. ELIGIBILITY INFORMATION

***ORGANIZATIONS RECEIVING THIS FLEX GRANT IN FY 07 (PERIOD ENDING 8/31/08) ARE NOT ELIGIBLE TO APPLY THIS FUNDING CYCLE; THESE ORGANIZATIONS MAY REAPPLY FOR FUNDING IN FY 09 (9/1/09). GRANTEES ARE NOT ELIGIBLE TO RECEIVE THIS FUNDING IN TWO CONSECUTIVE GRANT CYCLES.***

### A. ELIGIBLE LEAD APPLICANTS

- Designated Critical Access Hospitals
- Rural health networks (must be nonprofit and include at least three CAHs)
- Rural EMS agencies that directly serve a CAH area

### B. PARTNERSHIP REQUIREMENT

Projects must include a minimum of two additional project partners that support and contribute to the project proposal. Project partners must represent separately owned health or safety entities, community organizations, educational entities, and/or local government. Each project partner must provide a letter of support for the project that describes their organization and identifies their contribution toward the proposed project.

## C. ELIGIBLE ACTIVITIES

Activities that promote regionalization of health care services, improve hospital performance, improve access to quality healthcare services, improve and integrate EMS systems in CAH areas, or provide for the development and/or enhancement of rural health networks are eligible under this grant program. This may include, but is not limited to:

- establishing community and regional networking partnerships
- assessing and implementing health system needs and improvements (such as workforce, diversification, new services, electronic medical record systems)
- strengthening and integrating local EMS systems
- establishing projects and partnerships around quality improvement initiatives
- community development efforts
- structured performance improvement methods – Balanced Scorecard or others
- information system and technology needs for performance improvement
- EMS network development, integration, or improvement projects

*Please Note:* Funds cannot subsidize activities that are a routine part of doing business as a CAH or EMS agency. Examples include, but are not limited to: interim cost report preparation, periodic updating of policies and procedures, replacement of routine supplies, preparation for routine re-surveys or licensure, etc.

## D. BONUS POINTS FOR PRIORITY ACTIVITIES

The Flex planning session and evaluation identified areas of high priority or high need for CAH communities. Project proposals that address one of the following three high priority areas will receive an additional 3 bonus points on their grant application score:

1. Projects that include EMS and CAH collaboration, EMS provider recruitment and retention, or EMS integration into the local or regional healthcare system.
2. Projects that include health information technology/electronic medical records.
3. Projects that improve financial performance or clinical quality.

***Please note, you must describe how your project meets one of these priority areas and request the bonus points in your project summary (see page 7) and the application face page (see page 11). You may only request one priority area for 3 additional points.***

## III. GRANT SPECIFICS

### A. REQUIREMENTS

***Application Requirements:*** Projects must include a minimum of two additional project partners that support and contribute to the project. Project partners may include, but are not limited to, health or safety entities, community organizations, educational entities, and/or local government. Organizational partnerships and collaboration is a required element and must be demonstrated in the application.

**Reporting Requirements:** **Midterm reports** of activities and expenditures are due no later than thirty days after the midterm of the contract, with any invoices requesting payment. A **final report** summarizing activities is due no later than 30 days after the contract ends; the final 10% of the award will be withheld until receipt of the final report. Recipients are also required to present a project overview and report outcomes at the annual Idaho Statewide Flex Meeting in November 2009.

#### B. AMOUNT OF AWARDS

The maximum for any grant is \$25,000. Total amount available this funding cycle: \$100,000.

#### C. DURATION OF FUNDING

December 1, 2008\* through August 31, 2009. Projects must be completed during this timeframe.

#### D. TIMELINE

Applications available: August 22, 2008

Applications due: October 17, 2008 at 5:00 PM Mountain Time/4:00 PM Pacific Time

Award notification: Prior to December 1, 2008

Grant contract start date: December 1, 2008 (approximate)\*

\*The grant contract is effective on the date all necessary signatures are obtained. Therefore, activities funded by this grant award may not occur until after the grant contract is established.

#### E. AWARD PROCESS

Grants are reviewed and awarded by the state Flex Advisory Committee. Once an award decision has been made, a grant contract will be sent to the applicant for review and signature. This contract must be sent back to the Office of Rural Health and Primary Care, Idaho Department of Health and Welfare. When the grant contract is fully executed, a copy will be sent to the applicant. Projects cannot be initiated until the grant contract is signed and established.

## IV. APPLICATION AND SUBMISSION INFORMATION

### A. APPLICATION FORMAT REQUIREMENTS

Applications are limited to 12 pages, not including materials in the appendices. Applications that exceed the page limit will not be reviewed.

Submit one (1) original copy of your application on 8 1/2" X 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right sides. Please left-align text.

Use an easily readable typeface, such as Times New Roman, Courier, or Arial. The text and table portions of the application must be submitted in not less than 12 point font and 1.0 line spacing.

Pages must be numbered consecutively from the face page, through the appendices. Handwritten numbering is acceptable.

Please do not bind or staple the application.

Do not include materials other than those specifically requested in this application guidance.

Contact the State Office of Rural Health at (208) 334-0669 for questions and assistance with the application and submission process.

### B. COMPONENTS OF AN APPLICATION

**A completed application will include these components in the following order:**

- i. Application Face Page
- ii. Table of Contents
- iii. Project Summary
- iv. Background Information
- v. Statement of Need
- vi. Scope of Work
- vii. Evaluation
- viii. Grant Budget
- ix. Support & Collaboration
- x. Appendices
  - A. Letters of support from project partners, required
  - B. Additional budget information, if applicable

### C. SPECIFIC APPLICATION INSTRUCTIONS

#### **i. Application Face Page**

The face page is found on page 11 of this application packet. All fields must be completed and signed as indicated.

**ii. Table of Contents**

To facilitate evaluation, applicants should include a Table of Contents which reflects the major sections of the application including the page numbers on which they can be found.

**iii. Project Summary (limit 1 page)**

Please provide a brief summary which concisely states the following:

- a) Identify the applicant organization, other project partners, and the area of the state the project will serve.
- b) Identify the Flex program goal(s) your project will address and how your project supports the identified goal(s).
- c) Describe the activities your project will undertake and how the partners will work together to accomplish the project purpose (e.g., develop and implement an integrated CAH-EMS quality improvement plan, analyze benefits of integrating local health services, establish joint purchasing and training program, etc.).
- d) *If applicable, describe how your project meets one of the priority areas and request 3 additional bonus points.*

**iv. Background Information (limit 1/2 page)**

- a) Provide a description of the lead applicant.
- b) Provide a description of partners and other agencies collaborating on the project.

**v. Statement of Need (limit 1/2 page)**

Describe the issue the grant seeks to address. Use current demographic data and other background sources or information in the description, as available and appropriate. Describe how you know your project is needed in the proposed community and the lack of available funding from other resources.

**vi. Scope of Work (limit 4 pages)**

- a) Provide a detailed description of the project.
- b) Identify the Flex program goal(s) that your proposal addresses.
- c) Describe the community or population to be served by the project.
- d) Describe the need for this project and the lack of resources from other sources.
- e) Submit a work plan that includes all of the following elements: measurable project objectives, methods/activities to achieve stated objectives, timeline for completion, and cost. The work plan may be in narrative or table form.
- f) Describe how the benefits of your proposed project or the project itself will be sustained beyond the grant funding period.

**vii. Evaluation (limit 1 page)**

Describe how you will determine or measure that your project was successful. For each objective in your work plan, there should be a corresponding method of evaluating outcomes. The evaluation may be in narrative or table form.

**viii. Grant Budget (limit 2 pages, including table)**

All reasonable costs of conducting identified activities are eligible. **The following federal prohibitions apply: funds cannot be used for construction, renovation, modernization, routine hospital and emergency medical services operating costs, or individual clinical services. No more than 40% of grant funds may be used for equipment.**

- ⇒ The total amount requested cannot exceed \$25,000.
  - ⇒ If applicable, indicate other funding sources that will also be used to support the proposed project.
  - ⇒ Indirect costs cannot exceed fifteen percent (15%) of the total project.
  - ⇒ The purchase of equipment may not represent more than forty percent (40%) of the total annual share of the proposal.
  - ⇒ The grant begins in December 2008 and ends on August 31, 2009
- a) Create a budget table to itemize your proposed budget.
  - b) Provide a detailed budget justification narrative to support your proposed budget. The narrative includes the following expenses as requested in your proposal: personnel, travel, equipment, supplies, operating, and contractual agreements.
  - c) All proposed equipment purchases require one (1) or more vendor price quotes. This documentation should be included as Appendix B of your application and is not included in the page limit.

**ix. Support & Collaboration (limit 1 page)**

- a) Describe how your organizational partners support the proposed project and their involvement in project activities.
- b) Community and organizational support for your project must be demonstrated through letters of support.

**x. Appendices (no page limit on this section)**

**A. Letters of support**

- a) Letters of support from all community partners and organizations involved in the project (required).
- b) Optional: Letters of support from other community members and community organizations.

**B. Additional budget information, if applicable**

- a) Vendor price quotes for proposed equipment purchases.



#### D. SUBMISSION REQUIREMENTS

Applications must be received by the State Office of Rural Health no later than: **5:00 PM MST on October 17, 2008.**

Applications may be submitted by post, delivery, or email. **Applicants submitting via email must include a face page that is signed and scanned or includes an electronic signature.**

Address: State Office of Rural Health & Primary Care  
450 W. State St. – 4<sup>th</sup> Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
(208) 334-0669

Email: ruralhealth@dhw.idaho.gov

Only one application will be accepted from each eligible lead applicant.

Each applicant will receive a card verifying receipt of the application. All applicants will be notified of the status of their application before December 1, 2008.

*ORGANIZATIONS RECEIVING THIS FLEX GRANT IN FY 07 (PERIOD ENDING 8/31/08) ARE NOT ELIGIBLE TO APPLY; THESE ORGANIZATIONS MAY REAPPLY FOR FUNDING IN FY 09 (9/1/09). GRANTEES ARE NOT ELIGIBLE TO RECEIVE THIS FUNDING IN TWO CONSECUTIVE GRANT CYCLES.*

#### V. APPLICATION EVALUATION AND AWARD CRITERIA

The Flex Advisory Committee will meet and review all grant submissions based on the following criteria:

**Applications will be scored on a 100 point scale, summarized as follows:**

- The extent to which the project addresses the goals of Idaho's Medicare Rural Hospital Flexibility Program. These include: supporting and sustaining CAHs, developing and supporting rural health networks, improving and integrating EMS in CAH areas, and improving healthcare quality. Projects need only address one goal to be eligible for the maximum points in this category. (35 points maximum)
- A clear description of the context and need for the grant project. (15 points maximum)
- A reasonable work plan indicating the likelihood of a successful outcome of the proposed project. (15 points maximum)
- Demonstration of collaboration and cooperation between the applicant and other partners and community support for the applicant and the proposed project. (20 points maximum)

- A clear and realistic budget for the proposed project. (15 points maximum)

**Additional bonus points for high priority areas:**

- Applications addressing any of the following three high priority areas will receive additional points. ***Please note: You must describe how your project meets one of these priority areas and request the bonus points in your project summary. You may only request one priority area for 3 additional points.*** Priority areas, for this grant period include:
  1. Projects that include EMS and CAH collaboration, EMS provider recruitment and retention, or EMS integration into the local or regional healthcare system.
  2. Projects that include health information technology/electronic medical records.
  3. Projects that improve financial performance or clinical quality.



## Flex Grant: *Application Face Page*



**Applicant organization:** \_\_\_\_\_

**Federal tax identification number (TIN):** \_\_\_\_\_

**Partner or collaborating organizations:** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **FAX number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City & zip code:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Amount of funding requested:** \_\_\_\_\_

**Brief project description:** \_\_\_\_\_

---

**Flex program goal addressed by this proposal (check all that apply):**

- ☐ Support and sustain CAHs to improve access to healthcare services
- ☐ Foster the development of rural health networks
- ☐ Improve and integrate EMS services in CAH areas
- ☐ Improve the quality of healthcare

---

*Bonus points for high priority areas are not required; however, if your proposal addresses a high priority area, please indicate below:*

**I am requesting an additional 3 bonus points for the following high priority as described in my project summary (limit one category):**

- ☐ EMS and CAH collaboration, EMS provider recruitment and retention, or EMS integration into the local or regional healthcare system
- ☐ Health information technology/electronic medical records
- ☐ Projects that improve financial performance or clinical quality

I hereby certify that the information contained in this application is true and correct. All funds determined to have been acquired on the basis of fraudulent information must be returned to the Medicare Rural Hospital Flexibility Program.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_